STATEMENT OF ORGANIZATION		OFFICE USE ONLY Report Number:
Name and Address of Committee	2. Date of this Statement	Date Filed:
	S. Estimated Membership	1
	·	
	4. Amended Statement?	1
Check If: New Committee	Yes No	
E All Committee Officers and Directors (including Chairnessen, Traceurers	if any and any other committee	officers and directors
 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) a. Name b. Position c. Address 		
Chairperson		
Treasurer		
6. Affiliated Organizations		
(Any organization other than a political committee which directly or indirectly established administers or financially supports this committee)		
a. <u>Name</u> b. <u>Address</u>		c. Relationship to Committee
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)		
a. <u>Name</u> b. <u>Address</u>		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a.	Check one: Principa	Campaign CommitteeSubsidiary Committee
b. Name of Candidate	c.	Office Sought by the Candidate
9. a. Name of Person Preparing Report		
b. Daytime Telephone		
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.		
Thisday of,		
Signature of Committee/Chairperson		 Daytime Telephone
Signature of Committee/Chairperson		раушне текернопе
Circulus of Committee Trans.		Dading Talankan
Signature of Committee Treasurer, if any		Daytime Telephone

Form 200, Rev. 12/03